



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ADAMS MEMORIAL HOSPITAL

City of Hospital: Decatur

Year Begin: 01/01/2018 (mm/dd/yyyy format)

Year End: 12/31/2018 (mm/dd/yyyy format)

Person Completing the Report: Dane Wheeler

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Medicare Provider Number: 15-1330

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$27212594
Outpatient Patient Service Revenue	\$82435658
Total Gross Patient Service Revenue	\$109648252

2. Deductions From Revenue

Contractual Allowance	\$59337736
Other Deductions	\$0
Total Deductions	\$59337736

3. Total Operating Revenue

Net Patient Service Revenue	\$50310516
Other Operating Revenue	\$4645107
Total Operating Revenue	\$54955623

4. Operating Expenses

Salaries and Wages	\$27445289	Employee Benefits	\$5987715
Depreciation and Amortization	\$3140461	Interest Expense	\$1070024
Bad Debt	\$4284791	Other Expenses	\$22467138
Total Operating Expenses	\$64395418		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-9439795	Total Assets	\$46384474
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$36327523
Total Net Gains	\$-9439795		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$58957865	\$31905901	\$27051964
Medicaid	\$12181920	\$6592422	\$5589498
Other Government	\$0	\$0	\$0
Other State	IN	\$0	\$0
Other Payers	\$38508466	\$20839413	\$17669053
Total	\$0	\$59337736	\$-59337736

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$81776	\$0	\$81776

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital

Charity Care	\$351738	\$0	
HCI Payments	\$0		
Subtotal	\$351738	\$0	\$351738
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$351738	\$0	\$351738
DSH Payments	\$821,332		
Subtotal	\$1173070	\$0	\$1173070
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$1173070	\$0	\$1173070

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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